isolved Benefit Services

Banking Authorization
COBRA Administration

If you want isolved Benefit Services to process premium remittances and carry out other related activities, please complete the following information. Providing this information allows for quicker reimbursements.

- On a monthly basis, isolved Benefit Services will generate and deliver Premium Remittance Reports through our secure website (i.e., the Download Center). These reports will be available to the client on the first business day of each month and will identify the remittance amount that will be sent by direct deposit.
- isolved Benefit Services will send direct deposits of premiums within five business days of the delivery of the Premium Remittance Report. isolved Benefit Services will also generate and deliver any Voucher Premium Invoice Reports through the Download Center on the first business day of each month.
- isolved Benefit Services may deduct fees from your remittance (saving you time and cost of generating a check back to us) in the event that funds are required from the company for payment of remittance related activity, including but not limited to, Voucher Premium Invoice Adjustment, Refund Adjustment or NSF Adjustment. In the case where fees are deducted from your remittance, please refer to additional report documentation(s) at the time of the deduction.

Company name (Employer): _____

isolved Benefit Services Company #: _____

❑ Opt Out: I request Premium Remittances via a paper check. I am aware of a $10 fee, per check, as a handling charge will be deducted for each remittance that is sent via a paper check.

Depository name: _____ **Branch:** _____

City: _____ **State:** _____ **ZIP** _____

Transit/ABA Number: _____ **Account Number:** _____
MUST be 9 digits

This Banking Authorization is hereby incorporated into the service agreement between the parties, and this Banking Authorization supersedes the terms and conditions of the service agreement to the extent that it contradicts any provisions related to premium collection services.

This authority is to remain in full force and effect until isolved Benefit Services has received written notification from the above named company of its termination in such time and in such manner as to afford isolved Benefit Services and depository a reasonable opportunity to act on it. By your signature below, you agree that isolved Benefit Services is not responsible for any unauthorized access to an account that is beyond its reasonable control.

_____
Signed

_____
Date

_____
Printed Name

_____ **Title** _____ **Phone**

This form must be returned by the 20th of the month to enable direct deposit for the following month.